

## Metadata Report

Short Description	Data Type	Length	Decimal Positions	Offset
State ID	VARCHAR2	2		1
	Description:	The two-character state abbreviation.		
	Values:	AK=Alaska AL=Alabama AP=APO AR=Arkansas AS=American Samoa AZ=Arizona CA=California CN=Canada CO=Colorado CT=Connecticut DC=District of Columbia DE=Delaware FL=Florida FM=Micronesia FN=Foreign GA=Georgia GU=Guam HI=Hawaii IA=Iowa ID=Idaho IL=Illinois IN=Indiana KS=Kansas KY=Kentucky LA=Louisiana MA=Massachusetts MD=Maryland ME=Maine MH=Marshall Islands MI=Michigan MN=Minnesota MO=Missouri MP=Saipan/Mariana Is. MS=Mississippi MT=Montana		

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Short Description	Data Type	Length	Decimal Positions	Offset
		MX=Mexico NC=North Carolina ND=North Dakota NE=Nebraska NH=New Hampshire NJ=New Jersey NM=New Mexico NV=Nevada NY=New York OH=Ohio OK=Oklahoma OR=Oregon PA=Pennsylvania PR=Puerto Rico PW=Palau RI=Rhode Island SC=South Carolina SD=South Dakota TN=Tennessee TX=Texas UT=Utah VA=Virginia VI=Virgin Islands VT=Vermont WA=Washington WI=Wisconsin WV=West Virginia WY=Wyoming		
Facility Internal ID	NUMBER	10		3
	Description:	The CMS facility internal identifier that is unique within a state. For the NATL_MDS_FAC_SUBMSN_SMRY, NATL_HHA_FAC_SUBMSN_SMRY, OBQI_ROLLUPS, OBQI_CMIX_RISK_ADJSTD_ROLLUPS, OBQI_RAO_RISK_ADJSTD_ROLLUPS, OBQI_BRIEFG_BOOK_MISC_MSR and MEGA_QI_INITL_ROLLUP tables, if the number is a positive value, it is the CMS facility internal identifier. Other values include: -1 = the data is averaged to the state, -2 = the data is averaged to the region and -3 = the data is averaged to the whole nation.		

## Metadata Report

Short Description	Data Type	Length	Decimal Positions	Offset
Facility Identification	VARCHAR2	16		13
	Description:	The facility identification assigned by the state.		
Facility Name	VARCHAR2	50		29
	Description:	The name of a provider certified to participate in the Medicare and/or Medicaid programs.		
Provider Address	VARCHAR2	50		79
	Description:	The physical street address for the provider.		
City	VARCHAR2	20		129
	Description:	The city in which the provider is located.		
State	VARCHAR2	2		149
	Description:	The is the current facility state from the address history table.		
	Values:	AK=Alaska AL=Alabama AP=APO AR=Arkansas AS=American Samoa AZ=Arizona CA=California CN=Canada CO=Colorado CT=Connecticut DC=District of Columbia DE=Delaware FL=Florida FM=Micronesia FN=Foreign GA=Georgia GU=Guam HI=Hawaii IA=Iowa ID=Idaho IL=Illinois IN=Indiana KS=Kansas KY=Kentucky		

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Short Description	Data Type	Length	Decimal Positions	Offset
		LA=Louisiana		
		MA=Massachusetts		
		MD=Maryland		
		ME=Maine		
		MH=Marshall Islands		
		MI=Michigan		
		MN=Minnesota		
		MO=Missouri		
		MP=Saipan/Mariana Is.		
		MS=Mississippi		
		MT=Montana		
		MX=Mexico		
		NC=North Carolina		
		ND=North Dakota		
		NE=Nebraska		
		NH=New Hampshire		
		NJ=New Jersey		
		NM=New Mexico		
		NV=Nevada		
		NY=New York		
		OH=Ohio		
		OK=Oklahoma		
		OR=Oregon		
		PA=Pennsylvania		
		PR=Puerto Rico		
		PW=Palau		
		RI=Rhode Island		
		SC=South Carolina		
		SD=South Dakota		
		TN=Tennessee		
		TX=Texas		
		UT=Utah		
		VA=Virginia		
		VI=Virgin Islands		
		VT=Vermont		
		WA=Washington		
		WI=Wisconsin		
		WV=West Virginia		

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Short Description	Data Type	Length	Decimal Positions	Offset
		WY=Wyoming		
ZIP Code	VARCHAR2	11		151
	Description:	The five-digit postal code for the provider.		
Telephone	VARCHAR2	13		162
	Description:	This is the telephone number of the provider.		
Fax/Telephone Number	VARCHAR2	13		175
	Description:	The fax/telephone number for the provider.		
Category	VARCHAR2	2		188
	Description:	This code identifies the category that is most descriptive of the facility identified on the Medicare/Medicaid Certification and Transmittal Form (CMS 1539).		
	Values:	01=HOSPITAL 02=SKILLED NURSING FACILITY/NURSING FACILITY (DUALY CERTIFIED) 03=SKILLED NURSING FACILITY/NURSING FACILITY (DISTINCT PART) 04=SKILLED NURSING FACILITY 05=HOME HEALTH AGENCY 06=PSYCHIATRIC RESIDENTIAL TREATMENT FACILITY 07=PORTABLE X-RAY SUPPLIER 08=OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY 09=END STAGE RENAL DISEASE FACILITY 10=NURSING FACILITY 11=INTERMEDIATE CARE FACILITY-MENTALLY RETARDED 12=RURAL HEALTH CLINICS 14=COMPREHENSIVE OUTPATIENT REHAB FACILITY 15=AMBULATORY SURGICAL CENTER 16=HOSPICE 17=ORGAN PROCUREMENT ORGANIZATION 18=HHA OR OPT BRANCH 19=COMMUNITY MENTAL HEALTH CENTER 21=FEDERALLY QUALIFIED HEALTH CENTER 22=CLIA LABORATORY LS=LSC		

## Metadata Report

Short Description	Data Type	Length	Decimal Positions	Offset
Closed Date	DATE	8		190
	Description:	The date that the provider closed.		
Date Added to System	DATE	8		198
	Description:	The date the provider was added to the system.		
MDS Indicator	CHAR	1		206
	Description:	This field indicates if a facility reporting is a nursing home facility under MDS or the resident is in a nursing home facility. Indicator = M if facility is a nursing home.		
Provider Medicaid ID	VARCHAR2	15		207
	Description:	This is the state Medicaid identification for the provider.		
Provider Number	VARCHAR2	12		222
	Description:	A six or ten position identification number that is assigned to a certified provider.		
HHA Indicator	CHAR	1		234
	Description:	This field indicates if a facility reporting is a home health agency or the resident is a home health agency client. Indicator = H is facility is an HHA.		